Management of complications with hormonal contraceptive methods: New onset or worsening headaches

DEFINITION	Women who have a history of migraines accompanied by focal neurological symptoms (aura) who use combined hormonal contraception have a 2-4 fold increased risk of stroke. In women of all ages with a history of this type of migraine, use of combined hormonal contraception is explicitly contraindicated. "While COCs may be prescribed to young women with migraines without aura (Category 2), COCs are contraindicated in all migraineurs over age 35 and in women of any age who experience migraines with aura (Category 4)."
SUBJECTIVE	May include: 1. Migraine Diagnostic Criteria: Diagnostic criteria of migraine *without* aura: At least five attacks fulfilling the following criteria: 1. Headache attacks lasting 4-72 hours 2. Headache with at least 2 of the following characteristics: a. Unilateral location b. Pulsating quality c. Moderate or severe intensity (interferes with daily activities) d. Aggravated by physical activity such as climbing, walking, bending over 3. During the headache, at least one of the following occurs: a. Nausea or vomiting b. Photophobia or phonophobia Migraine *with* aura includes above plus aura lasting up to 1 hour that begins and resolves prior to headache . 1. Visual: parallel zigzag lines, flashing lights, or other visual changes. 2. Motor: difficulty moving extremities 3. Sensory: numbness or tingling on one side of face, tongue or fingertips 4. Speech: mild dysphasia. 2. Accurate list of current medications including dosage. Should exclude: 1. Any prodromal neurologic symptoms consistent with aura (discontinue any estrogen containing method). 2. Severe headaches indicating potentially life threatening conditions. Symptoms may include drowsiness, confusion, nuchal rigidity, fever, abrupt onset with exertion, change in vision or visual fields. Discontinue method and refer to ER.
OBJECTIVE	May include:

	1. Exam of cranial nerves II-XII Should exclude: 1. Elevated BP. 2. Neurologic signs consistent with stroke (changes in vision, paresthesias, focal weakness.) 3. Prolonged (>48 hours) headaches.
LABORATORY	None.
ASSESSMENT	Patient with new onset or worsening headaches with use of hormonal contraception.
PLAN	1. Clients with history of migraine headaches *without* aura are candidates for all hormonal contraception unless >35 years old and/or developed migraines after initiation of combined hormonal method. If using combined hormonal method, consider using ultra low dose (<20mcg of estrogen) pill or Nuva Ring as some migraineurs are estrogen sensitive. 2. Menstrual migraines may improve with a shortened hormone-free interval or extended regime of combined contraception. 3. Clients with history of migraine headaches *with* aura are candidates for all contraception *except* combined hormonal method. 4. If use of anticonvulsants, other long term contraceptives should be encouraged. If combined contraception is used, a minimum of 30mcg estrogen should be used. 5. Some anticonvulsants (phenytoin, lamictal, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) used for migraine prevention may reduce efficacy of combined contraception. Some interactions, such as with topiramate (Topamax), are dose dependent- i.e. < 200mg/day will not affect combined contraception. With doses higher than 200mg/day a Progestin Only method may be more appropriate. 6. Carefully assess each medication with MEC guidelines, a trusted drug manual and/or pharmacist. 7. Treatment of migraines, at provider's discretion, according to current guidelines such as those outlined at www.migraines.org/treatment
CLIENT EDUCATION	1. Ask client to keep a calendar of menses and headaches to learn patterns of headaches. 2. Education regarding CDC M.E.C. 2010 guidelines, contraindications to combined hormonal methods, etc. 3. Encourage client to notify clinic staff if she ever experiences an aura prior to a migraine. 4. If she is on anticonvulsants, discuss the importance of being forthright with that prescribing provider regarding her hormonal contraception use. 5. Assist client, as indicated, in identifying potential migraine triggers, i.e alcohol, caffeine, cheese, red wine, chocolate, etc.
CONSULT / REFER TO PHYSICIAN	1. Immediate referral to nearest ER for all headaches indicating potential life threatening illnesses as outlined above. 2. Consult/refer, if needed, for management of migraine headaches. CT scan/MRI may be recommended in certain situations. 3. Any patient who desires to continue current method despite CDC MEC category 3 condition for her desired method.

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